

FILED NOV 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39517

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 6093		Registrar's No. 223	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>2 M 1950</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hickman Mills</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo State School</u>				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Mary</u>		b. (Middle) <u>Ann</u>		c. (Last) <u>O'Hara</u>	
4. DATE OF DEATH		(Month) <u>Nov</u>		(Day) <u>13</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Aug 25 1940</u>	
9. AGE (In years last birthday) <u>10</u>		10. MONTHS <u>2</u>		11. DAYS <u>19</u>		12. HOURS <u>11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>K. G. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Rud O'Hara</u>		13b. MOTHER'S MAIDEN NAME <u>James Byrne</u>		14. NAME OF HUSBAND OR WIFE <u>S.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rud O'Hara</u> ADDRESS <u>1445 Main</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> <u>Tuberculosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bacterial Asphyxia</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Epilepsy</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 d.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Nov. 1</u> , 19 <u>50</u> , to <u>Nov. 13</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Nov. 13</u> , 19 <u>50</u> , and that death occurred at <u>8-15 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. S. Saline</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Marshall Mo</u>		23c. DATE SIGNED <u>11-13-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>		24b. DATE <u>Nov. 13-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>3850</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov. 14-1950</u>		REGISTRAR'S SIGNATURE <u>Sidney T. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u> ADDRESS <u>Marshall Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 11-20-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____
Student Embalmer

Signed

Joseph R. Mader

Licensed Embalmer No. 4571

P. O. Address Marshall, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.